

HEALTH CARE ADVISORY BOARD

Meeting Summary

June 10, 2013

MEMBERS PRESENT

Marlene Blum, Chairman
Rose Chu, Vice Chairman
Bill Finerfrock, Vice Chairman
Dr. Tim Yarboro
Ann Zuvekas
Ellyn Crawford
Judith Beattie
Francine Jupiter
Dave West
Dr. Michael C. Trahos, DO

STAFF

Sherryn Craig

GUESTS

Leeanne M. Sciolto, Inova Comprehensive Cancer & Research Institute, Inova Health System
Michael Forehand, Inova Health System
Tim Sampson, Walsh, Colucci, Lubeley, Emrich & Walsh
Gloria Addo-Ayensu, MD, MPH, Health Department
Rosalyn Foroobar, Health Department
Shauna Severo, Health Department
Bob Eiffert, Health Department
Katie Brewer, Health Department

Call to Order

The meeting was called to order by Marlene Blum at 7:33 p.m.

May Meeting Summary

The minutes from the May 13 meeting were accepted as submitted.

HCAB 40th Anniversary Celebration

Tuesday, June 18 is the HCAB's 40th Anniversary Celebration. A tally of those who are planning to attend was taken.

Long Term Care Stakeholder Focus Group Dialogue

Shauna Severo explained why the County is convening stakeholder focus groups. The terms "Silver Tsunami" and "Age Wave" are used to describe the aging population and the expected increase in older adults as baby boomers age. An aging community is expected to increase the demand for long term care services and programs. Therefore, the County wants to be proactive in meeting the continuum of needs for active older adults to more frail and dependent adults.

An advocacy group, ADHC Associates, was formed several years ago by family caregivers and interested citizens who care about services for the elderly. This group is actively involved in the study dialogue.

By 2020, it is estimated that Fairfax County will have 138,600 residents 65 and older representing 11.6 percent of the population, compared to 3% or 13,764 in 1970. In 2011, the oldest boomers turned 65, but the greatest impact on County services will occur when boomers reach age 80 beginning in 2026. Additionally, the incidence of disabilities among older adults – everything from Alzheimer's to Arthritis – doubles every 5 years after the age of 65, resulting in the need for assistive services to accelerate rapidly after 2020. Bill Finerfrock asked if the percentage of older adults is increasing, what age groups are decreasing. To save dollars, he suggested that resources from one age group be shifted to another.

He also suggested getting input from commercial long term care providers, such as Greensprings Village and Sunrise. In light of changing demographics, private providers will be responding to increased service demands. They may have insight for where additional funding may be directed.

Judith Beattie underscored the importance of asking older adults what they want, not telling them what they need. She said that the majority want to stay in their own homes, not use long term care. Previous surveys suggest that older adults are included in the decision making process, but they rarely are. Ms. Beattie volunteered to participate in the input and decision making process.

Ann Zuvekas cautioned that the name of the stakeholder focus groups – "LTC Work Group" leaves out a significant number of people. The term long term care has a negative connotation and doesn't reflect the whole host of services for active adults and adults with disabilities. Another title/name should be considered. For example, Ms. Blum suggested that the 50+ Plan is a more positive approach than LTC. LTC limits the number of people that will participate in the dialogue.

In response to the anticipated surge in demand, the County Executive has requested that County staff explore ways to enhance the long term care system of services. Under the direction of the Deputy County Executive, a staff work group with representation from the Department of Family Services (DFS), Neighborhood and Community Services (NCS), Health Department (HD), Human Resources (HR), and Department of Management and Budget (DMB), was developed. This work group was asked to develop recommendations for a more "efficient and effective way" of providing services.

The goals of the work group are:

- To create a more integrated system of services that can expand to meet the growing needs of our aging population;
- Maximize the use of County and community resources; and
- Look for ways to leverage resources to build capacity.

The Vision Elements of the group include:

- Sustain current level and quality of services;
- Respond to anticipated increase in demand;
- Increase organizational efficiencies and effectiveness;
- Maximize use of County and community resources;
- Reinvest within the aging service area to meet priority needs;
- Ensure proactive response to changing community needs and interests; and
- Identify potential cost savings

HCAB members reiterated their support for the goals and vision elements of the study, and were appreciative that the study's purpose was to achieve enhancements, not efficiencies (i.e., cuts to funding/programs).

It is important to note that NCS, DFS, CSB, and HD have worked very closely over the last several years to better coordinate services/programs for older adults and adults with disabilities. This cross agency effort supports the Deputy County Executive's vision for a more integrated approach to service delivery.

One outcome of these cross agency efforts was the centralization of volunteer management. A Volunteer Coordinator position was established in DFS to collaborate with NCS and the HD to improve recruitment, matching and training of volunteers serving older adults and adults with disabilities. Up until that time, each Senior Center and Adult Day Health Care Center had a position that was dedicated, in part, to recruiting, matching, and training volunteers. This initiative reduced redundancies within DFS, NCS, and the HD.

In response to a question about lists of services for seniors who do not speak English, Bob Eiffert stated that information is provided in seven different languages. Moreover, the work group is collaborating and outreaching to multicultural and minority groups to ensure they are aware of services and to identify their needs. Ms. Severo recognized that there may be additional opportunities for the Multicultural Advisory Council (MAC) or Community Outreach teams to expand outreach to more culturally diverse populations.

Due to time, Ms. Severo transitioned to the brainstorming discussion. The information that the HCAB provides will be compiled with input from other aging/LTC boards and commissions and will be used by the work group to develop recommendations for the County's senior management. The three survey questions that are being asked are, by

design, open ended as there is not a predetermined plan, and staff truly want to solicit community thoughts and suggestions.

In general, what aspects of the long term care services in Fairfax County work well?

HCAB members indicated that the Adult Day Health Care Centers provide valuable services.

Where do you see opportunities to improve, change or restructure the way we provide long term care services?

Ms. Zuvekas mentioned that not all seniors are seeking subsidized services, but many people do not know where to begin. For example, people are not aware of the Area Agency on Aging or what a Geriatric Care Manager is. In addition to being able to find what they need, many people begin their search when it becomes an emergency. Most people still believe that there are only two options to caring for an aging family member: moving their loved one into their home or admitting him/her into a nursing home. However, there are other alternatives.

Ms. Severo agreed that there needs to be a better system for assessing what the needs are and what the inventory of services are. Ms. Severo stated that the County provides direct services as well as referrals to other providers.

The HCAB recommended that the County increase public awareness of what services are available and how to access them. Dr. Yarboro advised a review of the County's communication and marketing strategies so that it reflects consumer needs and preferences.

Similarly, the HCAB suggested that staff understand who the 138,000 seniors are. For example, how many reside in complexes (e.g., nursing homes, assisted living facilities, etc.) with services already? If the answer is many, then the need for county services shouldn't go up. Staff should drill down on the demographic data to know the true population and service needs.

Likewise, private providers need to be included in the County's study. The HCAB is receiving fewer applications for Assisted Living Facilities, and there seems to be more of an emphasis on in-home services. The county should know how the private sector is planning to respond to demographic change. If in-home providers are seeing more applications for services, there may be less demand for institutional care. The County may need to shift its focus to services that support in-home care.

Ellyn Crawford underscored the importance of cultural norms and expectations. Staff should identify which and how services fit in with a variety of cultural norms. For

example, caring for the elderly at home is commonplace among certain racial and ethnic communities.

In order to assess the community's long term care needs, it was suggested that the County consider sending out a survey, like the one distributed by the Fairfax County Public Schools (FCPS), to determine who resides in each household, how many require LTC services, and what their preferences are.

Ms. Zuvekas noted that there was a natural conflict in including people with disabilities as part of the survey. On the one hand, people acquire disabilities as they age. On the other hand, large numbers of younger adults have disabilities. Solutions that are appropriate for an 80 year-old disabled adult are not necessarily the right solutions for a 20 year-old disabled adult. Disabled people should not be treated as a package; services must be tailored to meet individual needs.

The HCAB recommended the inclusion of stakeholder representatives in the planning and decision-making process. Ms. Severo agreed that all feedback would be incorporated into the planning process. For individuals who had additional comments or suggestions, she directed them to submit their ideas to lrcworkgroup@fairfaxcounty.gov.

In reviewing a list of current programs, someone inquired how they could learn more or get additional information. Bob Eifert provided the web address for the new older adults' webpage.

Public Hearing on Special Exception Application of Inova Health System (SE 2013-PR-004) to Build a Cancer Outpatient Facility on Inova Fairfax Medical Campus

Tim Sampson, a land use attorney with Walsh, Colucci, Lubeley, Emrich & Walsh, provided a brief description of the application. Inova is proposing a 313,000 square foot building, including 258,000 square feet of gross floor area plus a 55,000 square foot cellar. The building will be seven stories tall with a maximum building height of 90 feet. Parking will be provided in an adjacent, eight level parking structure containing approximately 1,160 parking spaces. Vehicular access to the facility is from Willow Oaks Corporate Drive and Professional Circle Access Drive.

Leeanne Sciolto, Director, Inova Comprehensive Cancer & Research Institute (ICCRI), stated that the proposed use of the facility is to provide comprehensive cancer services. The current system of cancer care is difficult for patients to navigate; many must travel to multiple locations across the region to receive treatment. The ICCRI will centralize cancer services at one location. A comprehensive care team will coordinate treatment, support services (e.g., diagnostic imaging, wellness screenings, etc.), and care referrals. Patients will be able to meet with each one of their care team providers, which include

physicians, nurses, mental health, nutritionists, and social workers. According to Inova, the use of multidisciplinary clinics is unique to the region.

The ICCRI will serve all patients, not just Inova's. Different retail services related to cancer services will also be provided onsite. The ICCRI will be co-located with the Life with Cancer House, providing patients access to counselors and survivorship services. No services will be displaced from the Life with Cancer program.

Ms. Sciolto confirmed that ICCRI will serve as a medical home for patients diagnosed with cancer. ICCRI's physicians will include members of the Inova Medical Group (IMG) as well as contracted and salaried physicians. Ms. Sciolto estimated that a large number of physicians will remain independent of Inova.

All ICCRI services will be provided on an outpatient basis.

Ms. Zuvekas asked if there will be separate physician and facility charges. Ms. Sciolto stated that Inova has not finalized the pricing plan yet, but indicated that infusion patients will receive one charge. Ms. Zuvekas felt that this information was important as it would affect pricing throughout the area. Moreover, knowing what out-of-pocket costs will be assessed will minimize the burden for patients.

Several HCAB members were concerned that cancer services at other Inova campuses will be eliminated. Michael Forehand stated that Inova is enhancing services at all of its hospitals. The purpose of the ICCRI was to coordinate Inova's work across several centers and facilitate pockets of specialization. Ms. Sciolto assured the HCAB that patients could enter Inova's cancer services from any facility.

Rare and late stage cancers will be treated at ICCRI. Not every facility will have the full complement of specialists that the new center will have. Patients with rare and complex cases, therefore, will be managed at the ICCRI.

A question was asked about whether the ICCRI will be a magnet to attract patients from regions outside of Fairfax County and compete with other providers. Ms. Sciolto said that Inova's first priority is to serve the community. However, Inova hopes to become a regional destination for those seeking cancer care. Ms. Sciolto said that far too often, cancer patients must travel outside the region for cancer care services.

While HCAB members recognized the benefits to keeping services in-county, a question was asked about out migration of care (i.e., alternative delivery models/systems currently providing services). The HCAB wanted to know from where the estimated 1,600-2,000 new patients were expected to come, and what their needs may be. A suggestion was made that more demographic information was required before service need and service demand could be assessed.

Ms. Blum said she was pleased that ICCRI would be governed by Inova's existing charity care policy, but wondered how it applies to physicians that practice in the facility, but are outside the network.

Inova plans to submit a Certificate of Public Need (COPN) requesting approval to build the facility as the overall cost of the project is in excess of \$15 million. Inova will relocate certain equipment from other sites to ICCRI: all outpatient radiation oncology, infusion, and diagnostic imaging, including mammography, will migrate to ICCRI. Ms. Sciolto was unable to answer what services are planned to backfill this vacated space.

Ms. Sciolto stated that quality and survival outcomes are better and patient satisfaction increases for those who receive coordinated care at a center like ICCRI. Ms. Sciolto believes that the integration of ICCRI with Life with Cancer will enhance survival outcomes by providing patients with access to yoga, tai chi, etc.

There were still concerns about the impact of ICCRI on other facilities in the community, particularly the discontinuation of cancer services. ICCRI may be convenient to patients living near the Inova Fairfax Medical Campus, but necessarily for those in Springfield or Mount Vernon. Both Mr. Forehand and Ms. Sciolto argued that Inova is increasing its commitment to enhance cancer treatment services throughout the network. ICCRI is a referral destination for care.

Bill Finerfrock moved that pending additional information, the HCAB defer its recommendation on ICCRI until September. Dr. Yarboro seconded the motion. Sherryn Craig will provide a list of questions requiring additional information to Mr. Forehand:

- What cancer services are provided at other Inova hospitals?
- What demographic information supports the need for ICCRI and the projected increase in service demand?
- How much outmigration of cancer care currently exists?
- What rate/facility charges will be assessed?
- What specifically does the charity care policy cover? And what does it not cover? For example, how will the charity care policy apply to physicians who are not employed by Inova or independent contractors?

Mr. Sampson felt that the question about facility charges was not directly related to the HCAB's financial accessibility criteria. Ms. Zuvekas explained that the charge directly affects how patients make decisions about where they're going to seek care. Moreover, when care costs increase, access decreases.

The motion to defer recommendation on Inova's Special Exception application was unanimous.

HCAB Priorities Follow Up

Ms. Blum thanked Ms. Crawford for suggesting the HCAB revisit its existing principles. A question was asked about the distinction between “access to affordable health care” and “accessibility and availability of resources.” Most HCAB members felt that the former referred to direct health care services while the latter involved ancillary resources that support the provision of health care.

A suggestion was made and accepted to combine “emphasize prevention” and “foster healthy lifestyles.”

The HCAB unanimously adopted the revised principles.

Ms. Blum requested that the new principles be displayed at the HCAB’s 40th Anniversary Celebration.

Inpatient and Observation Admission Discussion

The HCAB agreed at its March 11 meeting to schedule a discussion on the current practice of observation versus inpatient admissions. The concern was that the HCAB, as a community, was not aware of the issue. Several articles on the practice were included in the June meeting packet.

A question was asked about the relevance of observations for non-Medicare patients who are privately insured. After discussion, it was felt that the issue was moot as private insurers rarely approve and/or pay for inpatient skilled nursing care. Some patients are waived, but Dr. Trahos, D.O. and Francine Jupiter agreed that it was rare.

The HCAB discussed Inova and Reston Hospital’s notification materials. It was felt that Reston’s pamphlet was considered more user-friendly and accessible than Inova’s.

In terms of the HCAB’s response, several members felt county residents covered by Medicare should have an opportunity to clearly know and be properly placed as inpatient or observation. Residents who are admitted as observation, but think they are inpatient, may lose their first day of eligibility of skilled nursing care. They are then discharged back to the community, which puts a strain on available resources.

Dr. Trahos, D.O. stated that Inova Alexandria Hospital has made it a default practice to admit everyone as inpatient. He said that it is easier to convert a patient’s status from inpatient to observation rather than the opposite.

The HCAB has no authority to advise other hospitals or providers to adopt this practice. Dr. Trahos, D.O. volunteered to notify the Medical Society of Northern Virginia about the issue. He will ask Claudia Tellez, Executive Director of the Medical Society of Northern Virginia to send out a letter encouraging physicians to make information

available as clearly as possible to patients coming to their facilities, and forwarding information from two major providers – Reston Hospital and Inova – as reference.

The HCAB also suggested that Mr. Forehand relook at Inova's materials and how it informs patients of their rights and responsibilities. Mr. Forehand said that informing patients of their inpatient or observational status currently falls under case management, which is not available 24 hours a day. Eventually, this role will transition to registration, ensuring patients receive the information in a timely matter, which currently, does not always occur. Mr. Finerfrock made the point that despite the ability of case managers to answer patients' questions, patients are not necessarily informed of what questions to ask – one of the advantages to Reston Hospital's brochure.

A question was asked about the possibility of having observation floors and/or units, like Kaiser.

Ms. Jupiter underscored the importance of the issue, even for private payers whose deductibles and copays are based at where they are in their level of care.

Dr. Trahos, D.O. suggested asking the BOS, through the business licensure process, to inform their providers of the issue. HCAB members were uncomfortable with establishing this precedent.

The HCAB will not take official action on the issue. Dr. Trahos, D.O. will communicate with the membership of the MSNV.

Other Business

The HCAB decided to move its monthly meetings back to the Government Center beginning in September.

Ms. Foroobar will look into whether temporary underground garage parking passes can be issued for those who need assistance getting from the parking lot to the conference center.

There being no further business, the meeting adjourned at 9:45 pm.